

Department of Permitting and Inspections 645 Pine Street

645 Pine Street Burlington, VT 05401-8415 Phone: (802) 865-7188 Fax: (802) 865-7195

www.burlingtonvt.gov/dpi

Zoning Permit Application

Use this form for ALL Zonling permit applications.	See the relevant checklist for specific requirements.
PROJECT LOCATION ADDRESS: 115 North Union S	t ⁴
PROPERTY OWNER*: Gerard Williams	APPLICANT: Daniel Cockerline / Skipjack Building
*If condominium unit, written approval from the Association is also required	
POSTAL ADDRESS: 115 North Union St	POSTAL ADDRESS: 195 Flynn Ave
CITY, ST, ZIP: Burlington VT 05401	CITY, ST, ZIP: Burlington VT 05401
DAY PHONE: 310-435-6820	DAY PHONE: 802-999-2407
EMAIL: gered.williams@gmail.com	EMAIL: skipjackbuilding@gmail.com
SIGNATURE: I am the owner. In addition, I duly authorize the applicant (if noted) to act on my behalf for all matters pertaining to this zoning permit application.	SIGNATURE:
Description of Proposed Project: Restoration of existing	carriage house with the addition of a single unit loft apartment.
Additional construction of a new single unit dwelling. Reconfiguration of driveway and addition of one parking space.	
Picket Fence and landscaping.	
Existing Use of Property: Single Family Multi Family: #3_ Units Other:	
Proposed Use of Property: ☐ Single Family ☑ Multi Family: # Units ☐ Other:	
Does your project involve new construction, addition, alteration, renovation, or repair to a structure	
 Doos your project involve new construction addition 	tion, alteration, renovation, or repair to a structure
that is heated or cooled?	Yes ☑ No □
that is heated or cooled? (If yes, the Vermont Residential/Commercial Building Energy Standards (VRI	Yes 🖵 No 🗆 BES/VCBES) apply. Please visit the following links for more information:
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